UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 85383F-P Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450			Express Wan East No.		
Alexandria, VA. 22313-1450			EV 293 509 97	8 US	0
METHOD OF MAKING A MATERIAL			Date: (Octiv	Her 16, 2003	331
First Named Inventor (or Application Identifier):					22141 U 10/687
Julie Baker					
Enclosed are: 1. X Specification	,			signment of the invention	n to
2. 1 Sheet(s) of drawing(s)			Eastman Kodak Company 7. X Certified copy of a priority		
	osure Statement Und	er 37 CFR	8. As	sociate Power of Attorne	ey
4. Combined Declaration for Patent Application and Power of Attorney: 4a. X New 4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).					
checked) The entire disclosure which a copy of the oath or decis considered as being part of the application and is hereby incorporate.	e of the prior applicat claration is supplied the disclosure of the a	tion, from under Box 4b, accompanying	Signed stateme	ent attached deleting investigation, see 37 CFR 1.6	
10. If a 111A applicatio	n prior to examination	on of the above-	identified applicat	ion, amend the specifica	tion at Page 1,
after the title, by inserting the following:CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Milton S. Sales, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all tele	ephone calls to Frank	Pincelli at 585	-588-2768.		
The filing fee has been calculated					
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	
BASIC FEE TOTAL CLAIMS	5 - 20 =	-15	x 18 =	\$ 770 \$ 0	
INDEPENDENT CLAIMS	1 - 3 =	-2	x 86 =	\$ 0	
MULTIPLE DEPENDEN	T CLAIM PRESEN	·	+ 290	\$0	
		,, , , , , , , , , , , , , , , , , , ,	TOTAL	\$ 770	
X Please charge my Eastma				ne amount of \$ 770	
A duplicate copy of this sheet is enclosed					
X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .					
A duplicate copy of this sheet is enclosed.					
den Vingelli					
Frank Pincelli/djw Attorney for Applicants					
Telephone: 585-588-2768 Facsimile: 585-477-4646		Regis	stration No. 27,	,370	